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**EXHIBIT R**

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**FILED**

DOCUMENT# P16000057670

**Entity Name:** HMD AMERICA, INC.

**May 23, 2017**  
**Secretary of State**  
**CC1434177895**

**Current Principal Place of Business:**

13301 PARK VISTA BLVD.  
STE. 100  
FORT WORTH, TX 76177

**Current Mailing Address:**

13301 PARK VISTA BLVD.  
STE. 100  
FORT WORTH, TX 76177

**FEI Number: 81-3270962**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

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Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	CHIN, SAMUEL W
Address	1300 VALLEY VISTA DR., STE. 207
City-State-Zip:	DIAMOND BAR CA 91765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: SAMUEL W. CHIN**

**PRESIDENT**

**05/23/2017**

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Electronic Signature of Signing Officer/Director Detail

Date